PART B - FEE(S) TRANSMITTAL

Complete and send-this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450





(703) 746-4000



no of maintenance fees will be mailed to the current correspondence address correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, much as the sound certificate of mailing or transmission. FEDEX TRACKING NO 7900 6428 8826 Transmittal is being deposited with the Unit		Note: A certificate of Fee(s) Transmittal. The papers. Each additional have its own certificate FEDEX TRAC		maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for at 29382 7590 06/16/2005 TROPIC NETWORKS INC. DR. VICTORIA DONNELLY	
	I hereby certify that this Fee(s) Transmittal is being deposited with the Uni States Postal Service with sufficient postage for first class mail in an enveloped addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below. Tonia Kelly (Depositor's name)		JUN 2	OWPLAND DRIVE M 2E9	135 MICHAEL CO KANATA, ON K2
(Signature	elly	Tonia K	O TRANSFER	010 501832 1002587	CANADA 28/2005 TBESHAH2 00000
(Signature)	2005	24 June			C:2501 700.00
			FIRST NAME		C <u>=1504 300,00</u>
CONFIRMATION NO.	ATTORNEY DOCKET NO. 78945-24 /JLO	INVENTOR		FILING DATE 12/26/2001	APPLICATION NO. 10/025,870
DATE DUE	TOTAL FEE(S) DUE	PUBLICATION FEE	ISSUE FEE	SMALL ENTITY	APPLN. TYPE
09/16/2005	\$1000	\$300	\$700	YES	nonprovisional
		CLASS-SUBCLASS	ART UNIT	INER	EXAM
		708-404000	2193	HAT C	DO, CI
oria Donnel	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		Correspondence (1) the or agent (2) the	lence address (or Change of 22) attached.	"Fee Address" indicat PTO/SB/47, Rev 03-02 of
	es of up to no name is 3	d patent attorneys or agents. If name will be printed.	listed, n	n more recent, anaemed. Co	Number is required.
ocument has been filed fo		(print or type)	listed, n E PRINTED ON THE PATE	RESIDENCE DATA TO E	3. ASSIGNEE NAME AND
ocument has been filed fo	ee is identified below, the o	rame will be printed. (print or type) ear on the patent. If an assign for filing an assignment.	listed, n SE PRINTED ON THE PATE elow, no assignee data will a of this form is NOT a substitu	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion	3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in
ocument has been filed fo	ee is identified below, the o	(print or type)	listed, no BE PRINTED ON THE PATE elow, no assignee data will a of this form is NOT a substitu	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion	3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN
_	ee is identified below, the of JNTRY) Canada	iame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR COU ata, Ontario, atent): Individual	listed, no BE PRINTED ON THE PATE elow, no assignee data will a of this form is NOT a substitu (B) RESIDER Ka	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion EE CTWORKS INC. assignee category or category	3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN TROPIC NE
_	ee is identified below, the of JNTRY) Canada proporation or other private gr	iame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR COU ata, Ontario, atent): Individual Free(s):	listed, no BE PRINTED ON THE PATE Below, no assignee data will a of this form is NOT a substitut (B) RESIDER Kaites (will not be printed on the 4b. Payment	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion EE CTWORKS INC. assignee category or category	3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TROPIC NE Please check the appropriate 4a. The following fee(s) are
_	ee is identified below, the of UNTRY) Canada orporation or other private gradesed.	iame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR COL ata, Ontario, atent): Individual Fee(s): n the amount of the fee(s) is en	listed, no BE PRINTED ON THE PATE Below, no assignee data will a of this form is NOT a substitu (B) RESIDER Kannies (will not be printed on the 4b. Payment A check	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion EE CTWORKS INC. assignee category or categor enclosed:	3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TROPIC NE Please check the appropriate 4a. The following fee(s) are
oup entity Governmen	ee is identified below, the of UNTRY) Canada orporation or other private gradesed. is attached.	iame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR COU ata, Ontario, atent): Individual Free(s):	listed, no BE PRINTED ON THE PATE Below, no assignee data will a of this form is NOT a substitu (B) RESIDER Kan Aries (will not be printed on the 4b. Payment A checked) Paymee	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion EE TWORKS INC. assignee category or categorical control of the completion of the com	3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TROPIC NE Please check the appropriate 4a. The following fee(s) are

Authorized Signature Victoria Donnelly 44,185 Typed or printed name Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

24 June 2005